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ABSTRACT

This handbook is intended to provide school authorities with a guide to the development of an effective school immunization program. The handbook is divided into three sections and seven appendices. Section One explains the legal definitions of various terms related to mandatory immunization practices. Section Two outlines the elements necessary for an efficient vaccine project, and Section Three provides sample procedures and activities as well as a range of frequently asked questions and answers relating to such a program. The appendices include the "Immunization Guidelines" of the New York State Department of Health and detailed excerpts from public health and education law texts dealing with the issue of compulsory immunization. A sample of the request form for exemption for religious reasons is also included. (LH)

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IMMUNIZATION: A HANDBOOK FOR SCHOOLS

1978-1979

Vaccine-Preventable Communicable Disease Control

Foreword

Communicable disease control is a primary responsibility of school and public health authorities. Mandatory immunization is but one aspect of a comprehensive communicable disease control program. We know that the vaccine-preventable diseases (diphtheria, measles, mumps, poliomyelitis and rubella) occur almost exclusively among unimmunized or inadequately immunized children. Schools which permit the attendance of clusters of such children are at greatest risk for an outbreak of any or all of these diseases. Therefore, the development of an effective communicable disease control program and enforcement of Public Health Law, Section 2164 should be of prime concern to school authorities.

Enforcement has been a sensitive problem for many schools because of the seeming conflict between: 1) the Public Health Law requiring immunization and the Education Law requiring compulsory school attendance and 2) the civil rights of individuals and the statutory authority of governmental agencies. The intent of the laws is to protect children against the vaccine-preventable diseases, not to deny individuals their rights or children an education. The goal of a school immunization program should be to permit no unimmunized child to attend school unless exempt for medical or religious reasons.

This handbook has been developed to provide school authorities with a guide to the development of an effective school immunization program. Because it is intended for statewide use in urban, suburban and rural districts which vary in size and resources, it is not a complete program which needs only to be put in place. Rather, it offers direction for local development of immunization policies and procedures, an overview of effective program activities, and answers to the most frequently asked questions about immunization.

Standards of acceptable immunization practices change as a result of new knowledge and experiences. Legislative requirements also change and several relevant laws are currently pending. Such laws could affect some of the recommendations included in the handbook; therefore, it is not to be considered a final document. Rather, it is an interim publication. It will be amended as need or circumstances dictate.

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User reaction to, and comments on, the text and format of this handbook are welcomed. Specific suggestions for change will be reviewed and, where appropriate, incorporated into later documents. All responses should be sent to: Ms. Katherene E. Kruckel, Assistant in School Nursing, Bureau of School Health Education and Services, 55 Elk Street, Albany, New York 12234.

This handbook was developed by the Bureau of School Health Education and Services, New York State Education Department and is endorsed by the Bureau of Disease Control, New York State Department of Health. We gratefully acknowledge their assistance and the assistance given by the Child Protective Services, New York State Department of Social Services in the development of this publication.

PLEASE DISTRIBUTE THIS DOCUMENT TO ALL APPROPRIATE PERSONNEL. Extra copies may be obtained from the Bureau of School Health Education and Services, 55 Elk St., Albany, N.Y. 12234.

Approved by:

Leo A. Soucy, Assistant Commissioner
For District Organization and District Superintendents

1979

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SECTION I. Definitions

This section contains a list of words, terms, abbreviations and phrases used in the body of the handbook. In order to ensure that all who use this publication have the same understanding of their meaning and intent, each is defined here. Answers to questions most often asked about these terms and related matters will be found in Section III.

1. School. For purposes of immunization requirements, "school" means and includes any public, private or parochial child-caring center; day nursery or day care agency providing day care of children; nursery school; kindergarten, elementary, intermediate or secondary school. See Public Health Law, Section 2164. (PHL 2164)

2. Entering School.) Informal opinion of the Office of Counsel, State Education
3. New Entrant.) Department (SED) has held that these terms refer to any child entering or being admitted to a school district for the first time, irrespective of the age of the child or the grade level at which he or she enters. This includes pupils who transfer from other school districts. *Nonpublic schools are considered separate school districts for the purpose of this law.*

4. Transfer In. For purposes of immunization requirements, this means and includes any child who has been attending a school in one district and who is now withdrawn from that district and enrolled in another. *Children coming from a full-time BOCES special education class should be treated as if they were transferring from a separate school district for the purpose of this law.*

5. Proof of Compliance. As defined in PHL 2164, this means satisfactory evidence that the child has received, or is in the process of receiving, immunization against the vaccine-preventable diseases or is exempt for medical or religious reasons.

6. Acceptable Proof. This is documentary evidence such as a certificate of immunization, a signed transcript of the immunization portion of the cumulative health record from the prior school, a migrant health record, a union health record or community health plan record, a signed immunization transfer card, a military dependent's "shot" record, the immunization portion of a passport, a certificate or written physician's statement of medical exemption, or a written statement of exemption for religious reasons.

7. Legal for Entry. This term may be applied to any child who has met the current requirements of PHL 2164 for entrance to school in New York State. Specifically, this means that the child has received, or is in the process of receiving, 3 or more doses of DPT, 3 or more doses of TOPV and one dose each of measles, mumps, and rubella vaccine, or has shown acceptable evidence of exemption for medical or religious reasons.

8. In the Process of Receiving Immunization. This refers to any child who has had at least one dose of one of the required vaccines and who has evidence of a specific appointment date with a named physician or clinic to receive the next dose of vaccine as part of a planned schedule of administration.

9. Adequate for Protection. This refers to any child who has had all of the doses of each of the vaccines currently recommended by accepted standards of good immunization practice. Currently this would mean 4 or more doses of DPT, 4 or more doses of TOPV and 1 dose each of measles, mumps, and rubella vaccine after age 12 months, preferably at age 15 months.

10. DPT. This is a vaccine which combines diphtheria, pertussis (whooping cough), and tetanus.

11. TOPV. This is live trivalent oral poliomyelitis vaccine.

12. M/M/R. This is a vaccine which combines measles, mumps and rubella (German measles). These vaccines may also be given singly.

13. Primary Immunization. This means that an individual has completed a series of 4 DPT, 4 TOPV and 1 each of measles, mumps, and rubella vaccines.

14. Booster Immunization. This is a dose of vaccine, administered after the primary immunization series has been completed, to enhance, continue, or reinforce the level of protection of an individual.

15. Contraindication. This refers to any medical condition or circumstance involving an individual's health history or current health status, the vaccine or the administration procedure, which would make it unwise for an individual to be immunized with any or all of the presently available vaccines.

16. Medical Exemption. This is a physician-determined health reason/condition for not immunizing an individual against any or all of the vaccine-preventable diseases. It could include a physician's written statement that the child has had measles, rubella, or mumps.

17. Religious Exemption. This is an exemption from the required immunizations granted to an individual because of membership in a bona fide religious affiliation which includes as one of its tenets a prohibition against immunization. (See PHL 2164, 9.)

18. Unimmunized Child. This means any child who has not had even one dose of any of the vaccines.

19. Inadequately Immunized Child. This means and includes any child who has not completed the number of doses of a series (primary and booster) currently recommended as adequate for protection against each of the vaccine-preventable diseases.

20. Susceptible Child. This means any child who is unimmunized or inadequately immunized against the vaccine-preventable diseases and is therefore likely to contract the disease(s) in the event of exposure. It means and includes those who are exempt for medical or religious reasons and those who have not completed vaccination.

21. Immunizing Agents. This means all vaccines which are administered to immunize an individual against disease.

SECTION II. Elements of Effective School Immunization Programs

The school immunization program should be a part of the district's total plan for control of communicable disease. Development of an effective immunization program requires planning, implementation, supervision and evaluation.

Planning should be the joint responsibility of school administration, school health service personnel and representatives of the local Department of Health. It should include the development and adoption of formal immunization policies and procedures to guide the program and staff. District immunization policies should

be consistent with those of the local Department of Health. It is unfair to require more of children and families than the local health agency can or will provide. Immunization procedures should also be jointly planned. Selection and development of these procedures should be based on district policies, Education and Public Health Laws, State Education Department program policies and Department of Health standards of good immunization practice. Immunization policies and procedures should be reviewed at least annually and revised as needed to keep them up to date with currently accepted standards.

Implementation of the program should include identification of staff members and their responsibilities for program activities; identification of any inservice education needed by the staff; education of pupils, parents, the staff and the community; identification of all pupils in need of immunization; immunization of these pupils; record keeping, reporting, and referral; surveillance and enforcement.

Supervision of program and staff is essential to ensure uniform application of district policies and consistency of immunization procedures and practices. The Chief School Administrator and the school physician should share supervisory responsibilities. The Chief School Administrator should be responsible for all administrative aspects of the program, including enforcement. The school physician should be responsible for supervision of all medical aspects of the program, including in-school immunization.

Evaluation of the program, both ongoing and periodic, should be jointly carried out by the school administrator and school and public health personnel. All aspects of the immunization program should be reviewed and answers to the following questions determined:

1. Was an audit of the immunization status of all entering and enrolled pupils conducted? Did it identify each pupil who is exempt for medical and religious reasons? Was each unimmunized pupil identified? Did the audit identify each child who was inadequately immunized as well as the specific immunizing agent and number of doses needed by each such child?

2. Was a roster of susceptible children and those not in compliance developed? Does it identify these children by name, age and grade? Is it accurate and up-to-date?

3. Was each child in these target groups referred for immunization? To whom were they referred - school or community health care providers? Were all in need immunized? If not, what steps were taken to secure compliance?

4. Of those who refused to comply, which families were referred for formal action? To which agency was the referral made? What was the outcome of each formal action? Are there any outstanding?

5. What number and level of community and school staff were involved in the program? What percent of each staff person's time was spent on these activities? Can this be reduced in future cycles?

6. What problems were encountered in obtaining the required data and compliance? Were these problems resolved? If not, what can be done to resolve them now or avoid them next year?

7. Did pupils, parents and health care providers find the program helpful? Were they able to understand the information given and required?

8. Were the resources for immunization available and accessible? If not, what is needed to improve these resources before the next program cycle?

9. Has there been a measurable decrease in pupil absences related to the vaccine-preventable diseases?

10. Has there been a measurable decrease in the incidence of vaccine-preventable diseases occurring in the schools?

11. Has there been a measurable increase in the number of enrolled pupils who are adequately immunized?

12. Has there been a measurable decrease in the number of pupils seeking admission without proper immunization and proof of compliance?

Undoubtedly there will be other questions of significance to each district. These should also be addressed in the evaluation process. Any barriers to the success of the program should be identified and resolved before the next cycle begins.

A. Immunization Policy

District policy should clearly state board of education attitudes on, and expectations for, the school immunization program. These statements should be complete enough to provide direction to program and staff members and clearly identify who will be responsible for what. The district immunization policy should contain:

1. A general statement of the intent of the board of education relative to upholding and enforcing the provisions of Public Health Law, Article 21, Title VI, Section 2164.

2. Specific statements of the requirements for pupils:

   a. Entering or transferring into the district

      1) required immunizations
      2) proof of compliance or exemption
      3) record keeping
      4) surveillance of pupils with incomplete immunization
      5) enforcement of requirements
         .reporting and referral of noncompliance
         .exclusion policy
         .child protective services referrals

   b. In attendance

      1) immunization as one criteria for sports participation
      2) proof of adequate immunization as part of the health certificate required at grades 1,3,7, and 10
      3) proof of compliance or exemption in outbreak situations
      4) enforcement of requirements

c. Transferring out of the district

1) transfer of immunization data

Note: If a school which has reported an excluded child to the Child Protective Services (CPS) later learns that the family has moved to another county, the school should notify CPS of the move. CPS will then contact the unit in the new location.

3. Specific statements of the requirements and responsibilities of school personnel:

a. Superintendent

b. Building Principal

c. School Health Service Personnel:

1) School Physician
2) School Nurse Practitioner
3) School Nurse-Teacher
4) School Nurse
5) Support Personnel

d. Other Pupil Services Personnel

1) Attendance Teacher/Supervisor
2) Guidance Counselor
3) Social Worker

e. Other

1) Census enumerator
2) Registrar
3) Building or Guidance Secretaries

4. A general statement of the intent of the board of education relative to reporting the incidence or outbreak of the vaccine-preventable diseases.

5. Specific statements indicating:

a. the date of approval and adoption of the policy

b. the date on which the policy takes effect, and

c. the date of the most recent revision of the policy.

6. A specific code number for the policy, if applicable.

B. Immunization Procedures and Activities

School administrators and school health service personnel need formal, written procedures which tell them the correct and legal way to handle immunization program activities. The procedures should be detailed enough to avoid confusion and assure consistency of practice within the district. However, they should also be flexible enough to allow for reasonable variations dictated by differences in facilities, equipment or staff. All program activities should be based upon and consistent with both policy and procedures. The aim of the program and the staff should be to help parents to secure adequate immunization for their children.

SECTION III - Procedures, Activities, Questions and Answers

This section is offered as a guide for planning district immunization program procedures and activities. The format was selected to help relate needed activities to each recommended procedure. The third column is used to pose and answer questions most frequently raised in relation to these activities.

A. PROCEDURES	B. ACTIVITIES	C. QUESTIONS AND ANSWERS
1. Registration of Pupils (new entrants, transfers in, census-preschool): a. Requires staff who know, understand, and can explain the requirements of PHL 2164 and district policy, and b. Requires printed material for distribution to the parents, and c. Requires provision of time and site to confer with parents to answer any questions or concerns they may have, and d. Requires close cooperation of administrators, registrars and school health service staff to assure prompt exchange of information and continuity of action.	1. Registration of Pupils: a. Explain requirements of PHL 2164 and district policy to parents. b. Review the child's health and immunization history; advise parent(s) of any needed immunizations, certificates of proof and/or available sources for obtaining immunization. c. Review the immunization certificate(s) or other proof of compliance and record data. d. Identify all children who are: .adequately immunized .in need of immunizations to complete primary or booster series .exempt for medical or religious reasons	1. When is a child considered "entered" in school, at the time of registration or on the first day of attendance? The law is silent on this point. However, in general application, a child is not considered as "entered" until the first official day of attendance.
2. Referral and Follow-through: a. Requires involvement of school health service staff, and b. Requires individual parent conferences, and c. Requires prior identification of available community resources which can provide needed immunizations, and d. Requires development of a referral system and forms, (including securing informed consent for in-school immunization, if available), and e. Requires development of a mechanism for contacting the prior school or the health care provider, if appropriate, and f. Requires development of a tracking system to ensure the process is successfully completed, and	2. Referral and Follow-through: a. Provide parents with verbal and written notification of: .specific needs of the child .sources for obtaining needed doses, including in-school immunization, if available. .time lines for compliance .enforcement procedures and steps b. Assist the parents in arranging for the needed immunizations c. Assist parents in obtaining proof of compliance, including records from the sending school or a statement of exemption. d. Follow all outstanding to successful completion of requirements. e. Provide planned, ongoing education programs and counseling for parents and pupils to keep them up to date on PHL 2164 requirements.	2. When a child moves from one school building to another within the same district, does this child "enter" a new school? Intradistrict transferring does not involve reenrollment. However, if the transfer involves transferring a child to or from a nonpublic school, the child is entering a new school even if the public school district provides health services to that nonpublic school. 3. At what age does an entering student no longer need to provide proof of immunization? The law contains no age limits. Regardless of age or grade, all pupils entering school must show proof of having been immunized or of being in the process of receiving immunization or of exemption for medical or religious reasons.

A. PROCEDURES	B. ACTIVITIES	C. QUESTIONS AND ANSWERS
g. Requires development of an action plan and time lines for involvement of administrative staff in the exclusion process. (See item 6, this column.		4. If a student is enrolled in a BOCES program, who is responsible for determining and enforcing compliance, the district or BOCES?
3. Surveillance of Immunization Status of Pupils: a. Requires a review of cumulative health records (CHR) both ongoing and at stated intervals, and b. Requires conferring with parent, student or health care provider relative to current status (had disease or immunization, is medically exempt), and c. Requires an update of the CHR, (See column B, item 5d), and d. Requires identification of all those who are susceptible and/or delinquent.	3. Surveillance of Immunization Status of pupils: a. Monitor progress toward compliance of all pupils entering or transferring into the district. b. At the time of health appraisals (grades 1-3-7-10) review the status of each child and refer all who need anything (primary or booster). c. At the time of sports or working paper examinations, review the status of each candidate and refer those in need. d. Maintain a current list of all those susceptible to facilitate outbreak-control procedures.	Both. When the child enrolls in the public school district, it is the district's responsibility to obtain proof of compliance. When the child is transferred to the BOCES program, authorities at the center should require proof of compliance from the sending school (and/or the parent) as part of the placement process.
4. In-School Immunization: a. Requires approval of administration and board of education, and, b. Requires cooperation of local Department of Health (DOH) including agreements relative to supplies and staff, and c. Requires school health service staff who are certified immunizers, if school staff are to administer vaccines.	4. In-School Immunization: a. Develop consent and report forms b. Develop and publicize the school immunization schedule. c. Take a complete health history on each child in need of immunization. d. Identify the specific needs of each child. e. Prepare a consent slip for each child which specifies the need and schedule. f. Immunize and issue certificates for those pupils for whom consent is received. g. Record data on pupil's CHR.	

A. PROCEDURES

5. Record Keeping and Transfer of Immunization Information:

   a. Requires the development of a uniform immunization record as part of the pupil's CHR and,
   b. Requires clearly assigned staff responsibility for prompt, accurate and complete recording of immunization data, and
   c. Requires maintenance of these data in current form, and
   d. Requires the development of an orderly system for tracking, storage and retrieval of data, and
   e. Requires development of a prompt, systematic transfer of information when pupils move, and
   f. Requires maintenance of a system which does not violate any New York State or Federal laws or regulations regarding confidentiality.

B. ACTIVITIES

5. Record Keeping and Transfer of Immunization Information:

   a. For pupils who are exempt, record on the CHR:
      .reason for exemption
      .name of exemptor and date
      .source of proof seen
      .name of recorder and date
   b. For pupils entering or transferring in, record on the CHR:
      .immunizing agent, dose and date for each vaccine administration
      .name of immunizer, if available
      .source of proof seen (and returned to parents)
      .name of recorder and date
   c. For pupils immunized in school, record on the CHR:
      .immunizing agent administered
      .dose and date of immunization
      .name of immunizer
      .date certificate was issued
   d. Each time the child has an additional immunization, record all pertinent data on CHR as described above
   e. For pupils transferring out of the district:
      .have the parents sign a release-of-information form
      .provide the parent or pupil with an immunization transfer card showing current status and signed by either a school nurse-teacher, school nurse or school physician.
      .forward a transcript of the CHR to the receiving school as soon as requested.

C. QUESTIONS AND ANSWERS

5. Is a written or verbal parental statement that the child received immunization ever acceptable proof?

   If a child entering the district was immunized before the date of mandate and there is no reasonable means to obtain a physician's statement or official record, then a written parental statement setting forth the date and dose of vaccination may be accepted.

6. Should a child be admitted to school if the polio or diphtheria series have not been completed?

   Yes, if the parent can show proof of an appointment schedule for completing the series. However, school authorities should monitor such children carefully to be sure they do complete the series and to take necessary action if they default.

7. If a child is not in compliance or does not present evidence of compliance, should we refuse to admit the child to school?

   Yes, districts are required to do this.

A. PROCEDURES	B. ACTIVITIES	C. QUESTIONS AND ANSWERS
6. Exclusion/Exemption of Pupils Not In Compliance: a. Requires the completion of all procedures and activities outlined in items 1 and 2 above, and b. Requires careful, precise, written documentation of all efforts made and steps taken by school administrative and health personnel, and c. Requires close cooperation of the Child Protective Services and school authorities, including agreements relative to referral procedures.	6. Exclusion/Exemption of Pupils Not in Compliance: a. Permit no child to enter the school unless in compliance with the provisions of PHL 2164. b. Provide parents of pupils not in compliance with a written notice of: child's specific needs, source of obtaining immunizations, definition of acceptable proof of compliance, date by which compliance is expected (not to exceed 2 weeks) and action required if they do not comply. Record, on pupil's CHR, date notice was sent/given. c. Provide the administrator with a list of all pupils for whom such notices have been sent. (See column A, item 2g.) d. Administrator sends a Registered letter, receipt requested*, to parents who do not comply with the notice, excluding the child from school, restating needs and serving notice of the formal action planned if the parents do not comply. e. If, within five (5) days of the date of exclusion, no action has been reported by the family, contact the Child Protective Services (1-800-342-3720) following previously agreed upon protocols and procedures. *Currently the cost of such letters is $3.00 and postage per letter. Where the number of children involved is large, the administrator may wish to utilize an alternative method of delivery. The method selected should be one which assures parental receipt of the letter.	8. If an entering child cannot provide acceptable proof, must the district require re-immunization of the child? Yes, if the child cannot provide any of the acceptable forms of proof. 9. If a child transferring into our district has already met the requirements in the sending district, do we have to go through this procedure again? Every district must require proof of compliance of every pupil entering the district. In this instance, the proof would be the immunization transfer card or CHR from the sending school. However, these should be carefully reviewed because those who were "grandfather protected" from the newer requirements in the former district may now have to comply upon entrance to your district. 10. Are mumps and rubella vaccinations required for child entering grades other than kindergarten? Yes. The law contains no age or grade limits. However, for other reasons some local health departments may have set age limits beyond which they will not immunize a child against rubella and/or mumps. Districts should contact the local DOH to determine what policy has been established and should set their own policies accordingly. In such situations, the local DOH could provide the child with a medical exemption certificate.

A. PROCEDURES	B. ACTIVITIES	C. QUESTIONS AND ANSWERS
7. Outbreak Control: a. Requires support of administration and board of education,and b. Requires cooperation and joint planning of school health and local DOH personnel, and c. Requires cooperation of pupils, parents and private health care providers, and d. Requires the development of a mechanism for prompt response to outbreaks of reportable communicable diseases.	7. Outbreak Control: a. Enforce requirements of PHL 2164. b. Maintain a surveillance and monitoring system for all susceptibles, i.e. unimmunized or inadequately immunized pupils. Keep a current list. c. Monitor all absences and report to local DOH all those due to diagnosed or suspected reportable communicable diseases (CD). d. Exclude from school all pupils who are suspected of having reportable CD and notify the local DOH. e. Provide planned program of CD education for all pupils, parents and staff related to signs & symptoms, district policy and procedures. f. Review all pupils returning to school who were absent because of reportable CD and refer for medical examination as needed. g. Cooperate with local DOH programs for containment of outbreak.	11. If a parent says "immunization is against my religion," is that sufficient evidence for religious exemption? No. Parents must provide a written statement, subscribed and affirmed as true, that they are members of a bona fide religious affiliation which includes as one of its tenets a prohibition against immunization. Bona fide members of those denominations which so teach will usually have a form letter of exemption from the pastor or officer of the Church. (See Appendix G). 12. What are the religions who so teach? There is no list of religious organizations which prohibit immunizations. 13. Is the burden of proof of religious exemption on the parent or the district? On the parent(s). 14. If a parent refuses to comply on the basis of personal belief or civil rights, are they exempt? No. The law makes no provision for exemption on this basis.

A. PROCEDURES	B. ACTIVITIES	C. QUESTIONS AND ANSWERS
8. Reporting: a. Requires a systematic plan including identification of agency and staff responsibilities and sequence of action, and b. Requires joint planning by school and community health and social services agencies, and c. Requires built-in checkpoints to assure the integrity of the process and avoid gaps or duplication.	8. Reporting: a. Conduct joint planning sessions to: .Identify reports required for each of the above described activities .Identify persons/agencies responsible for making reports .Identify persons/agencies responsible for receiving and acting on reports .Develop mechanism for feedback b. Develop necessary report forms. c. Provide all personnel, as needed, with adequate supplies of forms and instructions for their use. d. Provide staff inservice as needed to assure that all involved follow the same procedure and timelines.	15. If a parent refuses to get proof of immunization because "that's your job because its your law," what do we do? Follow the procedures outlined in Column A, item 6, and complete all activities outlined in Column B, item 6 which are pertinent. 16. If one or more physicians in our county/community refuse to immunize their patients because the physician does not believe in it, how should we proceed? Follow the procedures outlined in Column A, item 6, and complete all pertinent activities outlined in Column B, item 6.
9. Evaluation: a. Requires a systematic plan for review of district policy and procedures and their correlation with those of the local department of health, and b. Requires close cooperation of school and community health and social services agencies, and c. Requires analysis of all program components.	9. Evaluation: a. Conduct joint planning sessions to: .Determine what will be evaluated .Identify the work force to conduct the evaluation .Develop the instrument(s) to be used to gather the data .Select the criteria to be used to analyze the data b. Collect and analyze the data in relation to the district's goals for the program. c. Identify problems, needs and priorities. d. Restructure the program as needed.	17. We previously admitted older children without mumps vaccination because the vaccine was not available to them. This vaccine is now available. Must these children now comply? If yes, and the parents refuse, must we exclude them? Current law is silent on this point, except as it relates to medical exemption.

ADDITIONAL QUESTIONS AND ANSWERS

18. PHL 2164 mandates immunization for all children regardless of age or grade. However, local physicians and health departments vary in opinion and practice re: age cut-off for one or more of the vaccines. How do we explain this to parents who move to our district when age was an exemption in the former community and is not in ours?

    Medicine is not an exact science. Just as doctors agree or disagree, health departments agree or disagree on the medical advisability of administering certain vaccines to children based on age. Pupils entering your district must meet local requirements for immunization which are defined by locally accepted medical standards for immunization.

19. If a child has had no immunizations, must we refuse entry until all are complete?

    No. The law is quite clear that pupils who are in the process of receiving immunization should be admitted. (See definition 8, p.1). The school should require parents to submit proof that the process has begun and provide dates for the next in the series. The school should then admit the child, but maintain supervision until the process is complete or exclude the child if the parents default.

20. For such a child, what is a reasonable length of time for completion of the legal requirements for entry? i.e., least number weeks/months - longest number weeks/months?

    For an unimmunized child, the least amount of time required would be 3 months. The longest number of weeks or months would depend on the vaccines used, immunization schedule set and whether or not illness interrupted the process. The child's medical care provider and local department of health should be of help in resolving such questions on a case by case basis.

21. What constitutes proof of default? Whose word do school authorities accept in cases of conflict? For example, the doctor indicates that the family won't keep appointments; the parents allege they can't, citing a lack of transportation, family illness, clinic hours not convenient, or other apparently good reasons.

    Follow the procedures outlined in Column A, items 2 & 4 and complete all pertinent activities outlined in Column B, items 2 & 4. The school may: 1) provide transportation to the family doctor or clinic, 2) arrange for a school-based clinic, or 3) offer in-school immunization. If all options have been exhausted, and the parents still do not comply, follow the procedures outlined in Column A, item 6 and all pertinent activities in Column B, item 6.

22. What resources are available to a district to enforce compliance?

    After following all procedures and activities in Columns A and B, items 1-6 and carefully documenting them, Child Protective Services (1-800-342-3720) must be involved through formal referral procedures.

23. If a district wishes to require all students currently attending school to a) meet minimum requirements for enterers or b) be fully immunized against all diseases, may they do so? If yes, can school authorities then exclude children who do not comply? On what grounds?

Presently, no. However, districts may, upon the advice of the school physician set a local medical policy requiring full immunization as a prerequisite for interscholastic sports participation and the issuance of working papers other than newspaper carrier permits, or other such activities.

24. At what point may/must our school immunize a child?

The school clearly has the responsibility to immunize certain children in accordance with the Regulations of the Commissioner of Health Parts 66.3(f) and 66.4. (See Appendix C).

25. When the school immunizes, who pays for or provides the vaccines and equipment?

Health departments provide the vaccines, equipment and certification forms; local school districts provide the consent forms, staff and facilities.

26. If our local DOH refuses to supply these items, what recourse does our district have?

Call the N.Y.S. Department of Health for assistance. (518) 474-4284.

27. Our school district wishes to offer in-school immunization. What authority do we have? Who must give vaccine? What training is needed? From what source is the training available?

Anyone certified by the local or State health department can administer vaccine under the direction of a physician. (Section 2.56 of the Rules and Regulations of NYS Department of Health.) For specific help in planning such a program, staff training and related matters, contact: State Education Department, Bureau of School Health Education and Services, (518) 474-1491 or New York State Department of Health, Bureau of Disease Control (518) 474-4284.

28. What contraindications, if any, exist for each of these vaccines?

See Appendix A, Immunization Guidelines: Contraindications.

29. What are the district's liabilities if we do not enforce these laws?

Under the provisions of PHL, Section 12, a district may be fined $1000 for each violation. In addition, the Commissioner of Health has the power to close the school and/or exclude susceptible pupils.

30. We provide health services to the nonpublic schools within our district. The nonpublic school refuses to enforce PHL 2164, despite our advisement that the Law requires that they do so. What responsibility do we have? To whom do we refer for action/support?

Your responsibility is to: 1) advise the building administrator of the nonpublic school of the requirements of PHL 2164, their responsibilities for enforcement and the penalty described in Question 29, above, 2) advise the Chief School Administrator of the school district in which the nonpublic school is located of the failure of said nonpublic school to adhere to the requirements and standards set forth, and 3) report the nonpublic school involved to either the local or State Department of Health.

31. Who do we call if we have further questions?

If you have further questions about these guidelines, program planning or implementation, policy recommendations or related matters, call the Bureau of School health Education and Services (518) 474-1491. If you have questions about or problems related to securing immunization, call the Bureau of Disease Control (518) 474-4284.

Approved by:

Leo A. Soucy, Assistant Commissioner
For District Organization and District Superintendents

1979

APPENDIX

In this section we have reproduced materials which we believe will be of help in planning and implementing a school immunization program. We have included the current New York State Department of Health Immunization Guidelines for reference purposes. As a citation for our responses to the questions in Section III, we have reproduced Public Health Law, Section 2164 and the Regulations of the Commissioner of Health, Part 66, in their entirety.

We have also excerpted and included portions or sections of Education Law, the Regulations of the Commissioner of Education, Opinions of Counsel (formal and informal) and Court Decisions covering school health services related to, or supportive of, the enforcement of mandatory immunizations.

We hope that these materials will provide support for local decisions, answer some unasked questions, and help in resolving local problems.

IMMUNIZATION GUIDELINES

NEW YORK STATE DEPARTMENT OF HEALTH

DEC. 1976 *FOR FURTHER INFORMATION CALL THE STATE HEALTH DEPARTMENT AT AREA CODE 518, 474-4284*

Primary Immunizations

Age	Vaccines	Comments
2 Months 4 Months 6 Months	DPT & POLIO DPT & POLIO DPT & POLIO	DPT - 0.5 ml Diphtheria, Tetanus and Pertussis (Absorbed Type) administered intramuscularly POLIO - Trivalent Oral Polio Vaccine (TOPV)
15 Months	MEASLES RUBELLA MUMPS	M-M-R - One Dose of Measles Mumps Rubella Combined (if available) administered subcutaneously.
18 Months	DPT & POLIO	These doses are considered to be an integral part of the primary immunizing series.

Booster Immunizations

4-5 Years	DPT & POLIO	Should be given prior to school entry. Substitute 0.5 ml Td (Adult) for children age six and above.
Every 10 Years	Td (Adult)	0.5 ml Td (Adult) Should be given intramuscularly - at ten year intervals to persons age six and above.

Contraindications

DPT (1) Use with caution if history of adverse reaction to DPT or Pediatric DT; fractionated doses of DPT may be given (2) Any febrile illness*, (3) Steroid therapy.

ORAL POLIO (1) Not routinely recommended for those over 18 years of age; (2) Moderate to severe febrile illness*; (3) Persistent vomiting or diarrhea, or (4) any altered immune state.

MEASLES RUBELLA MUMPS Whether these vaccines are given individually, simultaneously, or in combined form, the following contraindications apply:

(1) Moderate to severe febrile illness*, (2) Pregnancy, (3) Leukemia or other malignancy, (4) Steroids or other immunologic depressant, (5) Immune serum globulin administered in previous six weeks, (6) Egg sensitivity (if vaccine prepared in egg) or rabbit sensitivity (if vaccine prepared in rabbit kidney) (7) Do not give to patients with active, untreated tuberculosis, (8) Tuberculin skin test can be given on same day that vaccine is given; if not given on same day, TB skin test should be delayed for six weeks following a measles, rubella or mumps immunization, or (9) any other altered immune state.

*Minor infections not associated with febrile reactions such as those characterized by cough or runny nose are NOT contraindications to immunization.

Special Notes

- **N.Y. STATE PUBLIC HEALTH LAW (Section 2164)**
  Requires children entering school to be adequately immunized against diphtheria, measles, polio, rubella and mumps.
- **SMALLPOX IMMUNIZATION**
  Smallpox vaccination is not recommended for routine immunization of children and is no longer required by N.Y.State law for school entry. However, health workers, travelers visiting countries where smallpox is endemic, and persons in frequent contact with travelers from the Eastern Hemisphere should receive smallpox boosters every three years.
- **TETANUS PROPHYLAXIS IN WOUND MANAGEMENT**

History of Tetanus Immunization (Doses)	Clean, Minor Wounds		All Other Wounds	
	Td (Adult)	TIG[4]	Td (Adult)	TIG
Uncertain	Yes	No	Yes	Yes
0-1	Yes	No	Yes	Yes
2	Yes	No	Yes	No[1]
3 or more	No[2]	No	No[3]	No

1 Unless wound more than 24 hours
2 Unless more than 10 years since last dose
3 Unless more than 5 years since last dose
4 TIG - Tetanus Immune Globulin

NOTE: Tetanus immune globulin and Td may be given simultaneously but in different sites. Substitute DPT vaccine for children under six years of age.

- **PRIMARY TETANUS, DIPHTHERIA & POLIO IMMUNIZATION OF PERSONS AGE SIX YEARS AND ABOVE**
  TETANUS DIPHTHERIA
  A series of three doses (0.5 ml per dose of Td (Adult) vaccine given intramuscularly with the second dose given 4-6 weeks after the first, and the third dose 1 year after the second. (NOTE: Separate the first and second doses by 6-8 weeks if given in conjunction with the primary TOPV series).
  POLIO
  A series of three doses of TOPV with the second dose given 6-8 weeks after the first and the third dose given 8-12 months after the second. (NOTE: Give the third dose 1 year after the second if given in conjunction with the primary Td (Adult series. Routine immunization of persons over 18 years of age not recommended.
- **INTERRUPTION OF IMMUNIZATION SCHEDULE**
  A delay between scheduled doses does not interfere with final immunity and does not necessitate starting the series over again, regardless of interval elapsed. Simply pick up the schedule where it left off.
- **SIMULTANEOUS ADMINISTRATION OF CERTAIN LIVE VIRUS VACCINES**
  The U.S. Public Health Service Advisory Committee on Immunization Practices on November 27, 1972 approved simultaneous administration of combined measles/mumps/rubella (or measles/rubella) vaccine with Trivalent oral polio vaccine. This practice is particularly fitting when an immunization-deliquent child over 12 months of age presents himself for immunizations. It is possible for such a child to receive DPT, TOPV and measles/mumps/rubella vaccine in one visit.
- **VACCINE STORAGE**
  DPT; DT; Td (Adult) and T - Store between 2 and 8° C (35° and 46° F). Potency is reduced by freezing; do not use toxoids that have been frozen.
  Oral Polio - To maintain potency, Oral Polio Vaccine must be stored in the freezer compartment of the refrigerator. Thaw and agitate vaccine before use. An unopened container may go through a maximum of 10 freeze-thaw cycles provided the total accumulation of thaw does not exceed 24 hours. If 24 hours is exceeded, then vaccine must be used within 30 days (must be stored at less than 8° C). Once container is opened, vaccine must be used within 7 days (stored at less than 8°C).
  Measles, Mumps, and Rubella - Must be stored at less than 8° C (46°F). Diluent does not (in Single or Combined form) need to be refrigerated.

PUBLIC HEALTH LAW

ARTICLE 21 - CONTROL OF ACUTE COMMUNICABLE DISEASES

TITLE VI - POLIOMYELITIS AND OTHER DISEASES

§ 2164. Definitions; immunization against poliomyelitis, mumps, measles, diphtheria and rubella

1. As used in this section, unless the context requires otherwise:

a. The term "school" means and includes any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school.

b. The term "child" shall mean and include any child between the ages of two months and six years and every child entering school.

c. The term "person in parental relation to a child" shall mean and include his father or mother, by birth or adoption, his legally appointed guardian, or his custodian. A person shall be regarded as the custodian of a child if he has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are insane, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts are unknown.

2. Every person in parental relation to a child in this state shall have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diphtheria and rubella which meets the standards approved by the United States Public Health Service for such biological products, and which is approved by the State Department of Health under such conditions as may be specified by the Public Health Council.

3. The person in parental relation to any such child who has not previously received such immunization shall present the child to a physician licensed to practice medicine in this state and request such physician to administer the necessary immunization against poliomyelitis, mumps, measles, diphtheria and rubella as provided in subdivision one of this section.

4. If any person in parental relation to such child is unable to pay for the services of a private physician, such person shall present such child to the county physician of the county in which the child resides, or, if there be no such officer, to the public officer exercising corresponding functions, who shall then administer the immunizing agent without charge.

5. The physician who administers such immunizing agent against poliomyelitis, mumps, measles, diphtheria and rubella to any such child shall give a certificate of such immunization to the person in parental relation to such child.

6. In the event that a person in parental relation to a child makes application for admission of such child to a school and there exists no certificate or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria and rubella, the principal, teacher, owner or person in charge of the school shall inform such person of the necessity to have the child immunized, that such immunization may be administered by any physician licensed to practice medicine in this state, or that the child may be immunized without charge by the county physician where the child resides, or the public officer exercising corresponding functions if

such person executes a consent therefor. In the event that such person does not wish to select a physician to administer the immunization, he shall be provided with a form which shall give notice that as a prerequisite to processing the application for admission to the school such person shall state a valid reason for withholding consent or consent shall be given for immunization to be administered by a health officer in the public employ, or by a school physician or nurse. The form shall provide for the execution of a consent by such person and it shall also state that such person need not execute such consent if subdivisions eight or nine of this section apply to such child.

7. No principal, teacher, owner or person in charge of a school shall permit any child to be admitted to such school without the certificate provided for in subdivision five of this section or some other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria and rubella.

8. If any physician licensed to practice medicine in this state certified that such immunization may be detrimental to a child's health, the requirements of this section shall be inapplicable until such immunization is found no longer to be detrimental to the child's health.

9. This section shall not apply to children whose parent, parents, or guardian are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required, and no certificate shall be required as a prerequisite to such children being admitted or received into school or attending school.

10. The Commissioner may adopt and amend rules and regulations to effectuate the provisions and purposes of this section.

APPENDIX C

Regulations of the Commissioner of Health:

Part 66

IMMUNIZATION AGAINST POLIOMYELITIS, DIPHTHERIA, MEASLES, MUMPS, AND RUBELLA

(Statutory authority: Public Health Law, § 2164)

Section 66.1 Definitions. As used in this Part, unless the context otherwise requires:

(a) *School* means and includes a public, private or parochial child caring center, day care agency providing day care of children, nursery school as defined in this section, kindergarten and an elementary, intermediate or secondary school.

(b) *Day care of children* means:

(1) Outside the City of New York, care provided children away from their own homes, for less than 24 hours a day in a family home or day care center which is operated for such purpose, for compensation or otherwise, for at least three hours a day for the accommodation of three or more children.

(2) In the City of New York, any service which during all or part of the day regularly gives care to six or more children, not of common parentage, who are under six years of age, whether or not the care is given for compensation and whether or not it has a stated educational purpose. The total number of children receiving care shall be counted, including children or foster children of the owner or person in charge, in determining the applicability of this definition. The term shall not, however, include a service which gives care to children for five hours a week or less or a service which operates for one month a year or less.

(c) *Nursery school* means a place, other than one providing day care of children as herein defined in this section in which organized instruction is provided for children prior to entering kindergarten.

(d) "Immunization against a given disease" means immunization with an approved licensed vaccine in the following manner:

(1) three or more doses of diphtheria toxoid

(2) three or more doses of oral poliomyelitis vaccine

(3) a single dose of live measles vaccine

(4) a single dose of live rubella vaccine

(5) a single dose of live mumps vaccine

66.2 *Certificate of immunization.* The certificate of immunization provided for in subdivision 5 of section 2164 of the Public Health Law shall be prepared by the physician who administers the immunizing agents and shall specify the immunizing agents administered and the date of administration.

66.3 *Requirement for school admission.* A principal or person in charge of a school shall not permit a child to be admitted to such school unless a person in parental relation to the child furnished the school with one of the following:

(a) A certificate of immunization furnished by the administering physician or clinic pursuant to subdivision 5 of section 2164 of the Public Health Law or a written statement by a physician or clinic that the child has received or is in the process of receiving

(1) immunization against poliomyelitis, setting forth the date or dates and type (monovalent or trivalent),

(2) immunization against diphtheria, setting forth the date or dates,

(3) immunization against measles (rubeola) with live measles vaccine or unless it is stated that the child has had the disease measles,

(4) immunization against rubella (German measles) or certification that the child has had the disease rubella if the child is under the age of puberty, and

(5) immunization against mumps with live mumps vaccine or certification that the child has had mumps or

(b) a written statement subscribed and affirmed as true by the person in parental relation to the child that

(1) the child received immunization against poliomyelitis prior to January 1, 1967,

(2) the child received immunization against diphtheria prior to January 1, 1972,

(3) the child has had regular measles or immunization against measles with live virus measles vaccine prior to January 1, 1969, and

(4) the child has had rubella or immunization against rubella with live virus rubella vaccine prior to August 1, 1970, and

(5) the child received immunization against mumps prior to March 1, 1977; or

(c) a certificate by a physician licensed to practice in this State that immunization against poliomyelitis, diphtheria, measles, rubella and mumps or any specified one or more thereof may be detrimental to the child's health, in which event evidence of such immunization shall not be required by the school until the child's physician furnishes the school with a written statement that in his opinion such immunization would not be detrimental to the child's health

(d) a written statement subscribed and affirmed as true by a parent or guardian of the child that the parent or guardian is a bona fine member of a specified recognized religious organization whose teachings are contrary to the administration of immunizing agents against poliomyelitis, diphtheria, measles, rubella and mumps

(e) a signature of consent by the person in parental relationship to the child, on a form provided by the school, that the necessary required immunization(s) be administered to the child by a health officer in the public employ or by a school physician or nurse; or

(f) a signature of intent by the person in parental relationship to the child, on a form provided by the school, that the person in parental relationship acknowledges and understands the requirements of law and names a specific physician or clinic from whom a certificate of immunization or medical exemption will be obtained and submitted within two weeks of the child's admission to the school or upon failing to furnish such, that the child shall be excluded from the school.

66.4 *Obligation of the health officer in the public employ or the school physician or nurse.* Where a consent form for immunization has been executed, the health officer or school physician or nurse who is certified to administer immunizations shall administer or begin to administer the required immunizations within two weeks of the date the child is admitted to attend school.

APPENDIX D

Education Law, Article 65, Part I - Compulsory Education:

1. Section 3205 - *Attendance of minors upon full-time day instruction.*

This section requires that in each school district of the State each minor from six to sixteen years of age shall attend upon full-time day instruction.

2. Section 3208. *Attendance of minors, proper physical and mental condition.*

This section requires that a minor shall be in proper physical and mental condition to attend upon instruction without endangering the health and safety of himself or of other minors. The section further provides that the determination of the minor's physical and mental condition shall be based on actual examination of the minor by a person or persons qualified by appropriate training and experience.

Notes of Decisions.

a. 1901, Op. Atty. Gen. 194. Under similar provisions of the former Compulsory Education Law, the Attorney General said: "I think it is a fair construction of the Compulsory Education Law to say that children who have not been vaccinated, etc., are not in proper physical condition to attend school, as mentioned in the act....".

b. People v. McIlwain, 1915, 151 N.Y.S. 366. See, also, Shapee v. Curtis, 1911 142 App. Div. 155, 127 N.Y.S. 33. The fact that a parent who has refused to have his children vaccinated sent them to school several times where they were denied admission does not furnish a defense in a criminal action for failure to comply with the provisions of this section.

3. Section 3212 - *Definition of persons in parental relation and their duties.*

This section lists as one of the duties of parents or persons in parental relation to a minor, the following:

> "(c) Shall cause such a minor to be placed in proper physical condition to attend upon required instruction, if his condition is remediable by the taking of reasonable measures."

Notes of Decisions.

a. In re Whitmore, 1944, 47 N.Y.S. 2d 143. A mother who had previously been convicted of violating this section by refusing to permit her seven year old child to be vaccinated in order that she might attend school was not placed in "double jeopardy" when proceeded against for neglect of child based on the same refusal to permit vaccination.

b. 1974 informal Opinion of the Office of Counsel, New York State Department of Health has also found no real conflict between Section 2164 of the Public Health Law and the truancy laws of the Education Department. Here, in brief, is the opinion:

> Section 2164 of the Public Health Law and the truancy laws of the Education Department are to be read together and the existence of the truancy laws does not authorize admitting a child to school in violation of § 2164.

The constitutionality of § 2164 has been established by the following cases: Matter of Marko, (Fam. Ct. Steuben Co. December 16, 1967); Matter of Falanga v. Board of Education, (Sup. Ct. Oswego Co. 1968); Matter of Elwell, 55 Misc. 252 (Family Ct. Dutchess Co., 1967); McCartney v. Austin, et al., 57 Misc. 2d 525 (Sup. Ct. Broome Co., 1968) affd. 31 App. Div. 2d 370.

The method of enforcement used in Elwell differed slightly from that used in McCartney, but in both situations the child was excluded from school and legal action was taken against the parents for neglect. In McCartney the neglect alleged was the failure to have the child immunized as required by the Public Health Law. In Elwell it was alleged that the parents were neglecting their child by preventing his school attendance through their refusal to permit the immunization required for admittance.

The Elwell argument was accepted by the Family Court in Dutchess County and it ruled that the child involved was being neglected.

APPENDIX E

Education Law, Article 19 - Medical and Health Service

1. Section 903 - *Pupils to furnish health certificates.*

This section requires each pupil entering the public schools and each pupil entering the first, third, seventh and 10th grade thereof to furnish a health certificate signed by a physician duly licensed to practice medicine in this State. The certificate shall be presented within fifteen days after his or her entrance to such schools or grades and shall state whether the child is in a fit condition of bodily health to permit his or her attendance at the public school.

Following the reasoning in decisions related to enforcement of Section 3208 and read together with the requirements of Public Health Law, Section 2164, proof of adequate immunization should be a part of the health certificate required for all pupils entering such schools.

2. Section 904 - *Examinations by medical inspection.*

This section requires the principal or teacher in charge of a public school to report to the medical inspector having jurisdiction over such school the names of all pupils who have not furnished health certificates as provided in Section 903 and further requires that the medical inspector shall cause such pupils to be separately and carefully examined to determine if they are in fit condition of bodily health to receive the full benefit of school work.

Following the previously stated line of reasoning, and read together with the provisions of Public Health Law, Section 2164 this would permit a review of the child's immunization status and the provision, with parental consent, of any necessary vaccinations required for adequate protection of the minor or of other minors.

3. Section 906 - *Existence of contagious diseases.*

This section requires school authorities to exclude from school any child who, upon investigation, shows symptoms of any contagious or infectious disease reportable under the Public Health Law; to send the child home immediately and to immediately notify the public health officer of the city or town of the existence of such reportable communicable disease.

Uniform and diligent enforcement of the provisions of this section are essential to communicable disease control, particularly in outbreak situations.

APPENDIX F

Regulations of the Commissioner of Education Governing Health Service, Section 136.3.

The Regulations of the Commissioner of Education list as among the duties of the trustees and boards of education, the following:

-(5) To advise, in writing, the parent or guardian of each child in whom any aspect of the total school health service program indicates a defect, disability, or other condition which may require professional attention with regard to health.

-(6) To keep the health records of individual children confidential except as such records may be necessary for the use of approved school personnel and, with the consent of the parents or guardians, for the use of appropriate health personnel of cooperating agencies.

-(7) boards of education may, where the exigencies warrant, provide relief in situations wherein the child would otherwise be deprived of the full benefit of education through inability to follow the instruction offered and to benefit therefrom.

-(8) To require adequate health inspections of pupils by teachers, school nurse-teachers and other approved school personnel.

-(9) To maintain a suitable program of education for the purpose of informing the school personnel, parents, nonschool health agencies, welfare agencies and the general public regarding school health conditions, services and factors relating to the health of school children.

-(10) To provide for adequate guidance to parents, children and teachers in procedures for preventing and correcting defects and diseases and in the general improvement of the health of school children.

The Regulations of the Commissioner of Education, Section 136.3 govern both the total school health services program and each of its specific components. The school immunization program is, and should be, a basic component of the school health service program. Careful scrutiny of the above referenced duties should make it clear that boards of education, boards of trustees, school administrators and school health service personnel have the duty and responsibility to develop and implement an effective immunization program and enforce the requirements of PHL 2164.

APPENDIX G

(Rev. 1976)

REQUEST FOR EXEMPTION

Immunization Against Poliomyelitis, Mumps, Measles, Diphtheria, and Rubella. Physical Examination for Sickle Cell Anemia.

_____
Date

To the Principal of _____ School:

As provided by Article XXI, Sec. 2164 (8) of the Public Health Law of the State of New York, it is requested that my child (or ward) be exempted from immunization against poliomyelitis, mumps, measles, diphtheria, and rubella. (Smallpox immunization is no longer required under the laws of the State of New York.)

As provided by Article 19, Sec. 903 and Sec. 904 of the Education Law of the State of New York, it is requested that my child (or ward) be exempted from physical examination for sickle cell anemia.

The reason for requesting this exemption is that such immunization and physical examination conflict with my religious beliefs, and with the teaching received by my child (or ward) in the home, the church, and Sunday School.

My child (or ward): Respectfully yours,

_____ _____
Name Parent (or Guardian)

in _____ _____
Grade Address

_____
Telephone

This form is provided by the Christian Science Committee on Publication for the State of New York, Fifth Floor, 588 Fifth Avenue, New York, N. Y. 10036.